Middle Ear in Diabetes.—Suppuration of the middle ear and mastoid in the late stages of a fatal case of diabetes mellitus is reported by O. KÖRNER (*Archives of Otol.*, October, 1897). The mastoid involvement was diagnosticated only by the *dulness on percussion* of the affected side, the opposite bone emitting a normal bony resonance on percussion. No operation could be performed on account of the advanced diabetic state of the patient.

Middle Ear in Bright's Disease.—MORF (*Zeitschr. f. Ohrenh.*, Bd. xxx; *Archiv f. Ohrenh.*, December 17, 1897), accepting the statement of Dieulafoy that in nearly half the cases of nephritis ear affections occur, has observed twenty-four cases of nephritic ear disease. In the presence of functional anomalies in the auditory apparatus, without other demonstrative causes the urine should always be examined. If a physical aural lesion is present in a nephritic subject, the ear as well as the kidney must be treated. If there is only a functional disturbance in the ear in nephritis, it will usually disappear under renal treatment.

Middle Ear in Syphilis.—HENNEBERT (*Ann. des Mal. de l'Oreille*, January, 1898) maintains that acquired syphilis of the ear is rare and often unrecognized. Syphilis of the external and middle ear generally yields to specific treatment, but syphilis of the labyrinth, the internal ear, presents an unfavorable prognosis. Hereditary syphilis is often the cause of disease of all parts of the ear, according to BROECKAERT (*Ann. des Mal. de l'Oreille*, January, 1898). There are then symptoms of syphilis in such cases, so that the diagnosis and treatment become clear. In the treatment of syphilis of the ear pilocarpine proves efficient, according to the experience of Broeckaert and others, if applied early in the disease.

HYGIENE AND PUBLIC HEALTH.

UNDER THE CHARGE OF

CHARLES HARRINGTON, M.D.,

ASSISTANT PROFESSOR OF HYGIENE, HARVARD MEDICAL SCHOOL.

AND

EDWARD F. WILLOUGHBY, M.D.,

OF LONDON.

House Quarantine of Yellow Fever.—In an able paper on the "Quarantining of Houses for the Prevention of the Spread of Yellow Fever" PROFESSOR S. E. CHAILLÉ (*New Orleans Medical and Surgical Journal*, May, 1898) vigorously opposes the practice and the claim that the experiment which was tried for the first time in New Orleans in 1897 diminished the number of cases and reduced the number of deaths, and advocates instead the isolation of the sick in hospitals, the removal of those who have been exposed to infection to a camp of detention for five full days, and the thorough cleansing and disinfection of the house and premises. The objections to house quarantine are that it causes great popular dissatisfaction and discourages prompt diagnosis and notification, that the execution of measures successful in hospitals is much less practicable in most houses, that even in the best houses isolation is exceedingly difficult as to attendants and relatives, that in many houses neither proper rooms nor attendants can be provided, and that in the crowded lodging-houses efficient isolation is hopeless. Attendants may be negligent, visitors' clothing may become infected, and thus cause further spread; there is temptation to violate the restrictions and to conceal sickness; inmates escape from the house before and during quarantine, and the well inmates are deprived of necessary occupation.

Treatment of the sick in isolation hospitals, where every precaution of disinfecting all discharges may be observed, and where indiscriminate ingress and egress can be controlled and prevented, is shown to be quite free from the danger of spreading the disease from the sick to the well. In every year when yellow fever has prevailed in New Orleans there have been instances of many non-immunes exposed to the sick in hospitals, asylums, convents, and jails, without one of them being attacked even after weeks of exposure. In 1897 there were at the Touro Infirmary 105 cases with 10 deaths. Twenty non-immune students and nurses constantly in attendance, and about a hundred patients with other diseases, escaped without a single case; but not one of these people was permitted to go out and return and run the risk of becoming infected outside. At the same time, at the Isolation Hospital, 202 cases were admitted, of whom 45 died. Eighteen non-immunes were long exposed to the sick, and more than a hundred workmen were temporarily exposed, and not one of this number was attacked. The preventive measures adopted included prompt and thorough disinfection of all excreta from the sick; thorough cleanliness of the body, the clothing of the sick and of bedding and all personal effects, as well as of the house and premises; free exposure to the sun's rays; and non-intercourse between those inside and those outside the hospital.

The indispensable prerequisites for stamping out any epidemic disease are prompt diagnosis and prompt notification; but in the case of yellow fever the authorities are hampered by the reluctance of the physician to report a mere suspicion of the disease on account of the danger of injury to his practice and of alarming the public and arousing the hostility of those engaged in commerce.

Opposing the claim that, even though the quarantining of houses was admittedly a partial failure, its effect was to keep down the number of cases and of deaths, he calls attention to the fact that no great epidemic has ever resulted when the first cases appeared later than June, and that whenever the first cases have occurred after July there have never before followed as many deaths as the 298 of 1897, in which year the first death occurred in September, and this in the face of the fact that until 1867 no measures were taken to prevent its spread; that until 1879 isolation of the sick was never attempted, and that until 1897 quarantine of both sick and well in houses had never been tried. For fifteen years prior to 1897 New Orleans had been free from the disease, the last cases occurring in 1882, when there were four deaths, and the escape of the city at that time from an epidemic was attributed by Dr. Joseph Jones, the President of the State Board, to isolation of the sick and thorough cleansing and disinfection of the section surrounding the focus of infection for at least four blocks each way.

Dr. Chaille quotes approvingly from Dr. Kohnke's report, which recommends that, instead of quarantining in a house with the sick all of the inmates who are well, the bread-winners should be permitted to come and go under strict precautions as to disinfection, care of clothing, and place of sleeping. Not of the least importance is the dissemination of sanitary knowledge among the people, especially a knowledge of the infective nature of the disease, its disastrous results to the public, the preventive measures indispensable for its extinction, and the necessity for serious restrictions on the sick-room and for some restrictions on the well inmates of the house.

Meat Poisoning.—A new organism connected with the production of poisonous effects due to the ingestion of diseased meat has been discovered by DR. G. WESENBERG (*Zeitschrift für Hygiene und Infectionskrankheiten*, September 23, 1898, p. 484), who investigated an outbreak at Mansfeld, in which sixty-three persons became ill after eating the meat of a cow which had been killed in consequence of a diagnosis of traumatic pericarditis. Only those who ate of the minced meat in a raw state or of the partly cooked liver were affected; those who ate of the well-cooked meat escaped without exception. The symptoms were vomiting and diarrhœa, violent headache and abdominal pain, general muscular weakness, dizziness, and lassitude. The discharges were sometimes greenish, sometimes brownish, and always extremely offensive. With few exceptions the symptoms abated in from three to five days, and all recovered except one, and that a doubtful case in a child who was not known with certainty to have partaken, and whose symptoms might have been due to other causes.

The unconsumed meat when received for examination was already fairly well advanced in decomposition and partly maggoty. All except one piece, which was faintly acid to litmus paper, was alkaline in reaction. Cultures on agar and in bouillon were made from a piece taken from a part which was apparently not yet in process of decomposition. Inoculation of the bouillon cultures and of small bits of the meat into white mice produced fatal results, in some cases from eighteen to twenty-eight hours and in others within three days. A guinea-pig which received a subcutaneous injection of the bouillon culture of the crushed meat died in forty-eight hours, having shown marked lassitude and profuse diarrhœa. Section showed in all cases enlargement of the spleen, which was bluish-red in color, strong injection of the small intestine, and marked redness of the medullary substance of the kidneys. Cover-glass preparations from the spleen showed fairly long and broad bacilli, and the same organisms were developed on agar from the meat itself. The characteristics of the bacilli as to growth, development, staining, etc., are given in detail. The organism proves to be quite different from any hitherto described by Van Ermengem and others who have investigated similar outbreaks. No examinations of the vomitus or stools were made, because all the persons affected had recovered before the investigation was begun. That the outbreak was due to an infection rather than to an intoxication was shown by the facts, first, that those who ate of the meat in a well-